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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

: MCHALE et al.

Serial No.

09/748,063

Filed

December 22, 2000

Title

DELIVERY OF AN AGENT

TECH DENTER 1600/2900

Group Art Unit

1635

Examiner

Richard A. Schnizer

745 Fifth Avenue New York, NY 10151

EXPRESS MAIL

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Date of Deposit:

November 4, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Further to the Information Disclosure Statement filed on August 2, 2001, the Examiner's attention is respectfully directed to the accompanying form PTO-1449.

Pursuant to 37 CFR §1.97(d), Applicants petition the Commissioner to consider this Information Disclosure Statement, and to make of record the documents cited on the

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accompanying PTO form 1449 and that a copy of Form PTO-1449 be initialed by the Examiner and returned to the undersigned.

The filing of this Information Disclosure Statement is not an admission that the documents identified herein constitute prior art to the present application.

This Information Disclosure Statement is being filed after receipt of the Office Action mailed September 23, 2003 and we have enclosed the required fee of \$180.00 set forth in \$1.17(p) for consideration and entry of these documents.

Please charge any additionally required fees or credit any overpayment involving this paper to Deposit Acct. No. 50-0320.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP

Attorney for Applicants

By:

Thomas J. Kowalski

Reg. No. 32,147 (212) 588-0800

Encs. - PTO Form 1449

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Based on Form PTO-1449						ATTY. DOCKET NO.		SERIAL NO.		
						854020-2001.1		09/748,063		
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						MCHALE ET AL.				
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EXAMINER INITIAL	I I		DATE	NAME CL.		CLASS	SUBCLASS	SUBCLASS FILING DATE IF APPROPRIATE		
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